

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
2							51					
3	1						52					
4		1					53					
5	1						54					
6		1					55					
7	1						56					
8		1					57					
9	1						58					
10		1					59					
11	1						60					
12		1					61					
13	1						62					
14		1					63					
15	1						64					
16		1					65					
17	1						66					
18		1					67					
19	1						68					
20		1					69					
21	20		1				70					
22	20			1			71					
23	21			1			72					
24	20			1			73					
25	21			1			74					
26	20			1			75					
27	21			1			76					
28	20			1			77					
29	20			1			78					
30	20			1			79					
31	20			1			80					
32	20			1			81					
33	20			1			82					
34	20			1			83					
35	20			1			84					
36							85					
37							86					
38							87					
39							88					
40							89					
41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
<b>TOTAL</b>	<b>IND.</b>		<b>1</b>				<b>TOTAL</b>	<b>IND.</b>				
<b>TOTAL</b>	<b>DEP.</b>		<b>34</b>				<b>TOTAL</b>	<b>DEP.</b>				
<b>TOTAL</b>	<b>CLAIMS</b>		<b>35</b>				<b>TOTAL</b>	<b>CLAIMS</b>				